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CONFIRMATION NO. 2870

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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *TNP*  
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\*\* FOREIGN APPLICATIONS \*\*\*\*\* *TNP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> <i>TNP</i>	STATE OR COUNTRY WI	SHEETS DRAWING 34	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 3
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ADDRESS  
 24314  
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 RACINE , WI  
 53403

TITLE  
 Automatic dispenser apparatus

<h1>Best Available Copy</h1>	<input type="checkbox"/> All Fees
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